

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 005096	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/09/2015
NAME OF PROVIDER OR SUPPLIER FRANCISCAN ST ELIZABETH HEALTH - LAFAYETTE I		STREET ADDRESS, CITY, STATE, ZIP CODE 1701 S CREASY LN LAFAYETTE, IN 47905		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	INITIAL COMMENTS This was a State hospital complaint investigation. Complaint: #IN00171259 Substantiated: State deficiency related to the allegation is cited. Facility Number: 005096 Survey Date: 07/09/2015 QA: cjl 08/04/15	S 000		
S 912	410 IAC 15-1.5-6 NURSING SERVICE 410 IAC 15-15-6 (a)(2)(B)(i)(ii) (iii)(iv)(v) (a) The hospital shall have an organized nursing service that provides twenty-four (24) hour nursing service furnished or supervised by a registered nurse. The service shall have the following: (2) A nurse executive who is: (B) responsible for the following: (i) The operation of the services, including, but not limited to, determining the types and numbers of nursing personnel and staff necessary to provide care for all patient care areas of the hospital. (ii) Maintaining a current nursing service organization chart. (iii) Maintaining current job descriptions with reporting responsibilities for all nursing staff positions.	S 912		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S 912	<p>Continued From page 1</p> <p>(iv) Ensuring that all nursing personnel meet annual in-service requirements as established by hospital and medical staff policy and procedure, and federal and state requirements.</p> <p>(v) Establishing the standards of nursing care and practice in all settings in which nursing care is provided in the hospital.</p> <p>This RULE is not met as evidenced by: Based on document review and interview, the nurse executive failed to ensure pain assessments were done according to policy and protocol for 2 of 3 patients who remained in the Emergency Department (ED) for an extended period of time (#4 and #5).</p> <p>Findings included:</p> <p>1. The facility policy "Pain Management Procedure", last reviewed 04/02/14, indicated, "All patients have the right to appropriate pain assessment and management of pain. ... A. The numeric (0- 10) pain intensity assessment scale will be the preferred pain assessment scoring system for all patients. ... Procedure: A. Every patient is screened for pain upon admission by a licensed nurse using a hospital approved pain scale to achieve a comfort function goal. B. A complete pain assessment will be performed: at regular intervals and minimally once a shift or with each change in caregiver, whenever pain is reported, within 1 hour of pain management interventions or as patient's condition warrants. ... Documentation: A. Assessment of pain interventions will include a quantifiable assessment using the pain scale appropriate for</p>	S 912		

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S 912	<p>Continued From page 2</p> <p>the patient, and may include whether the intervention provided acceptable or unacceptable relief."</p> <p>2. Medical record #4 indicated the patient presented to the ED at 12:55 AM on 04/07/15 with shortness of breath and history of a fall. Nursing documentation indicated a patient pain score of 7 (1 to 10 scale with 10 being the worst) at 1:02 AM, but the record lacked any specific information such as location or type of pain or whether any interventions for pain relief were implemented. Nursing documentation indicated Tylenol 650 milligrams was given to the patient at 8:26 AM on 04/07/15, but the record lacked any further information regarding the reason for the medication or any reassessment.</p> <p>3. Medical record #5 indicated the patient presented to the ED at 7:51 PM on 04/06/15 for complaints of leg swelling and pain, worsening over the past week. The patient's initial pain score was a 6, but the record lacked any specific information such as location or type of pain or whether any interventions for pain relief were implemented. At 1:35 AM on 04/07/15, the patient received one tablet of Norco, a pain medication, but the record lacked documentation of a pain assessment or a reassessment. Another tablet of Norco was given at 10:54 AM, but the record lacked a pain assessment or reassessment. At 12:18 PM, nursing documentation indicated the patient was awake, alert, resting on his/her right side, and continued to complain of leg/hip pain.</p> <p>4. At 1:45 PM on 07/09/15, staff member #1, the Director of Quality Improvement confirmed the lack of documentation to confirm staff followed the pain policy for patients #4 and #5.</p>	S 912		

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